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### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.

: 10/709,289

Confirmation No. 3288

Applicant:

: Todd C. Werner

Filed:

: 04/27/2004

TC/A.U.

: 3653

Examiner

: Unassigned

Docket No.

: 1130.36

Customer No.

: 21901

For

: Multi-Bin Printer

Mail Stop Amendment
. Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

### PRELIMINARY AMENDMENT TRANSMITTAL

1. Transmitted herewith is a preliminary amendment for this application.

### **STATUS**

2. Applicant is an independent inventor. A statement was already filed.

### **EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

#### **CERTIFICATE OF MAILING**

(37 C.F.R. 1.8)

I HEREBY CERTIFY that this Preliminary Amendment, including Introductory Comments, Replacement Drawings, and Remarks, is being deposited with the United States Postal Service by first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on May 24, 2004.

Dated: May 24, 2004

Deborah Preza

(Amendment Transmittal—page 1)

# FEE FOR CLAIMS

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col.1) Claims Remaining After Amendment			(Col. 2)  Highest No.  Previously  Paid For	(Col. 3) S  Present Extra	SMALL ENTIT	Addit. Fee	
Total	11	Minus	20	= 16	x \$9 =	\$0	
Indep.	1	Minus	3	= 0	x \$43 =	\$0	
First Pro	First Presentation of Multiple Dependent Claim					\$0	
					Total Addit. Fee	\$0	

\* If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,

\*\* If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".

\*\*\* If the "Highest No.. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".

The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

Very respectfully,

Reg. No. 28,761

Tel. No.: (727) 507-8558

SIGNATURE OF PRACTITIONER

Ronald E. Smith Smith & Hopen, P.A.

15950 Bay Vista Drive, Ste. 220

Clearwater, FL 33760

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# PRELIMINARY AMENDMENT

**Introductory Comments** 

Sir:

The above-identified patent application is amended a first time prior to examination as follows:

Replacement Drawings are attached to page 2 of this paper.

Remarks begin on page 3 of this paper.

# **Amendments to the Drawing Figures:**

The attached drawing pages include the following:

Replacement Sheets